



### ESTIMATED EARNINGS DURING MILITARY SERVICE

**INSTRUCTIONS:** Use a separate RI 20-97 for each branch of service. Attach DD 214 or equivalent and any available records of pay or promotions. If you do not have a DD 214 or equivalent, obtain an SF 180 from your personnel office and have your service verified before forwarding this form to the pay center. The pay center cannot provide estimated earnings unless verification of service is attached.

To	Employee name (Last, First, Middle)	
	Other names used	
	Social Security Number	Date of birth
	All military service numbers	
	Branch of Service	

The uniformed services must provide estimated basic pay by Federal employees for military service after December 31, 1956, for the purpose of making a deposit to the Civil Service Retirement and Disability Fund for retirement credit. Please provide the estimated basic pay earned by the above named employee.

Signature of requester		Relationship to employee <input type="checkbox"/> Employee is requester <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Survivor		Date		
Active military service after December 31, 1956 (Dates indicated below must be based on DD 214 or equivalent certification.)		TO BE COMPLETED BY AUTHORIZED OFFICIAL Estimated Earnings (Base Pay) (Do not provide estimated earnings for any period of service prior to January 1, 1957.)				
From (Mo, Dy, Yr)	To (Mo, Dy, Yr)	From (Mo, Dy, Yr)	To (Mo, Dy, Yr)	Rate of Basic Pay	Earnings	Type of Discharge
					\$	
					\$	
					\$	

					\$	
					\$	
1. If period of service began before and ended after December 31, 1956, enter date service actually began. (Mo, Dy, Yr)		2. Last time <input type="checkbox"/> None <input type="checkbox"/> Number of days _____ <input type="checkbox"/> Inclusive dates				
		From (Mo, Dy, Yr)	To (Mo, Dy, Yr)	From (Mo, Dy, Yr)	To (Mo, Dy, Yr)	
Signature of authorized official furnishing estimate		Date (Mo, Dy, Yr)		Telephone number (including Area Code)		
Typed name of authorized official		Title of authorized official				

Requester's name and address

Return  
Completed  
Form to



Send the Request for Earnings During Military Service to the appropriate address shown below.

**Army**

**Director**

DFAS-IN-FJFC-A  
8899 East 5th Street  
Indianapolis, IN 46249-0875

**Navy**

**Director**

DFAS-Cleveland Center  
Anthony J. Celebreeze Center  
Cleveland, OH 44199-2055

**Air Force**

**DFAS-DE/FJPBC**

6760 East Irvington Place  
Denver, CO 80279-3000

**Marine Corps**

**Director**

DFAS-Kansas City Center  
1500 E. 95th Street  
Kansas City, MO 64197-0001

**Coast Guard**

**Commanding Officer**

Settlements and Records  
U.S. Coast Guard  
Military Pay and Personnel Center  
444 SE Quincy Street  
Topeka, KS 66683-3591

**Public Health  
Service**

**Public Health Service**

Division of Commissioned Personnel  
Compensation Branch  
Parklawn Building, Room 4-50  
5600 Fisher's Lane  
Rockville, MD 20857

**National Oceanic  
and Atmospheric  
Administration**

National Oceanic and Atmospheric Administration  
Department of Commerce  
Commissioned Personnel Office  
11400 Rockville Pike, Room 105  
Rockville, MD 20852